30-A R.C. 3517.10

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

Full Name of Committee	•						Registra	tion Num	ber, if P	AC L L	UHU
Citizens for Jud	ge Amy Saler	mo									
Full Name of Candidate											
Amelia A. Saler	no										
Street Address		Office Sought				District					
295 W. 4th Avenu	ue				Munic	ipal Co	urt Iu	dge	Fra	nklir	ı Co.
City				· · · · · · · · · · · · · · · · · · ·			tate	Zip Cod			
Columbus							Н	432	01		
										Annua	Year
Type of Report	Pre-Primary	1	Post-Primary		Pre-General	X	Post-Ge	neral			
(place X to the left of report	July		August		September		T			Semiar	nual
type)	Monthly		Monthly		Monthly		Termina	ition			
Amended Report?		ort Electronically					M]	Ď		Y
☐ Yes 🗸	No	☐ Yes	☑ No	Date of	Election	1	1	١٥	8	0	5

check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$ 21,318.73
2. Total monetary contributions (From Form No. 31-A)	\$ 18,845.00
3. Total other income (From Form No. 31-A-2)	\$ 25,000.00
4. Total funds available (sum of lines 1, 2, 3)	\$ 65,163.73
5. Total monetary expenditures (From Form No. 31-B)	\$ 62,922.20
6. Balance on hand (line 4 minus line 5)	\$
and the state of t	\$ 2,241.53
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$ 314.09
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$
9. Outstanding loans owed by committee (From Form No. 31-C)	\$ 52,864.00
10. Outstanding debts owed by committee (From Form No. 31-N)	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$
12. Value of independent expenditures made (From Form No. 31-U)	\$
13. For Electronic Filing Entities only Sum of lines 2, 7 and amount of any new loans received this period	\$

			OI DINOS 24, 7	are another or any new	100,03100	arrea amo persoa						
	THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE PENALTY OF ELECTION FALSIFICATION.											
Ele	Eleanor O. Slane, Treasurer Colombia 15 16 05											
Γ	Contribution	reasurer and	Deputy 11eas	Expenditure	Jigii	lature	Other			Total	Date	
	pages			pages	1		pages	10_		pages	18	

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Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Judge Amy Salerno							
Full Name of Contributor				Registra	tion Num	ber, if PA	AC .
Susan Dimickele							
Street Address	Employe	т/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
2607 Henthorn Rd.	1						Check #4215
City	St	ate	Zip Code	М	D	Y	Amount
Upper Arlington	0	Н	43221	111	0 2	0 5	100.00
Full Name of Contributor	-			Registra	tion Num		AC .
Allen S. Shepherd							
Street Address	Employe	r/Occupe	tion/Labor Organization*				Form (Cash, Check, etc.)
6295 Cosgraay Rd.							Check #5248
City	Sta	ate	Zip Code	М	D	Y	Amount
Dublin	0	Н	43016	1111	0 5	0 5	150.00
Full Name of Contributor			1	Registra	tion Num		
Meeks Shamansky PAC							
Street Address	Employe	r/Occups	tion/Labor Organization*				Form (Cash, Check, etc.)
511 S. High St.							Check #1069
City	Str	ate	Zip Code	М	D	Y	Amount
Columbus	0	Н	43215	111	1 .	0 5	500.00
Full Name of Contributor			10210	, -	tion Num		
Jo Ann Davidson						,	
Street Address	Employe	r/Occups	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
	' ' '						Check #12008
6639 Forrester Way	Sta	ute	Zip Code	М	D	Y	Amount
•		Н	43068		20		500.00
Reynoldsburg Full Name of Contributor		11	43000		Z U ition Num		
	,					ibei, ii FA	
Ohio Academy of Nursing Homes PAC		-/0		CP.	204		Form (Cash, Check, etc.)
	Employe	г/Осспра	tion/Labor Organization*				· ·
2 Miranova Place Suite 210	F1		2' 0 1	1 14	1 5	1 37	Check #1747
•	Sta	H.	Zip Code	M	D	Y	Amount = 00.00
Columbus Full Name of Contributor	O	++	43215	1 1	1 5	0 5	500.00
· · · · · · · · · · · · · · · · · · ·				Registra	mon Mun	iber, n FA	ac .
Colley Shroyer & Abraham	Ir1	./0	tion/Labor Organization*	<u> </u>			Form (Cash, Check, etc.)
	Employe	r/Occupa	montanoi Otganization				
536 South High Street	64	-4-	7:- 0-1-	T-12-	T 5	Y	Check #29344
City	Sta	H	Zip Code	M	D		Amount
Columbus	0	11	43215		0 4		
Full Name of Contributor				Registra	tion Num	iber, if PA	C
Thomas N. Taneff Business Account							
Street Address	Employe	r/Occupa	tion/Labor Organization*				Form (Cash, Check, etc.)
600 S. High Street	<u> </u>		I				Check #8466
City	Sta		Zip Code	М	D	Y	Amount
Columbus	O	H	43215	1 1	0 4	0 5	250.00
Full Name of Contributor				Registra	ition Num	ber, if PA	.C
Richard L. Royer				<u> </u>			
Street Address	Employe	г/Оссира	tion/Labor Organization*				Form (Cash, Check, etc.)
1480 Dublin Road	<u> </u>						Check # 5105
City	Sta		Zip Code	М	D	Y	Amount
Columbus	0	H	43215	1 1	0 4	0 5	100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 3,600.00

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full							
Citizens for Judge Amy Salerno							
Full Name of Contributor				Registra	tion Num	ber, if PA	.C
Gary H. Baas				l			
Street Address	Employe	г/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)
959 Maebell Way	1						Check #11716
City	St	ate	Zip Code	М	D	Y	Amount
Westerville	Lo	Н	43081	1 0	2 1	0 5	100.00
Full Name of Contributor		i	10001			ber, if PA	
Sanford J. Cohan				111-81111		,	
Street Address	Employe	e/Occurs	ation/Labor Organization*	Ц			Form (Cash, Check, etc.)
1	Employe	a/Occupe	MODEROOF OF SHIPMON				
2500 Corporate Exchange Dr Ste 161		_	In a t	1	T 6	1 37	Check #1864
City	l _	ate	Zip Code	M	D	Y	Amount
Columbus	10	Н	43231	1 0			100.00
Full Name of Contributor				Registra	tion Num	ber, if PA	vc
M. Jameson Crane					•		
Street Address	Employe	r/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
2289 Onandaga Dr.	İ						Check #5263
City	St	ate	Zip Code	M	D	Y	Amount
Columbus	0	Н	43221	1 0	2 2	0 5	500.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.C
Anthony A. Groeber				l			
Street Address	Employe	r/Occupa	ation/Labor Organization*			· · · · · · · · · · · · · · · · · · ·	Form (Cash, Check, etc.)
6877 N. High St.		_	_				Check # 1341
City	St	ate	Zip Code	М	D	Y	Amount
Columbus	lo	H	43085	I .	$2\overline{1}$		200.00
Full Name of Contributor	1 9		43003			ber, if PA	
Rebecca Price, Kegler Brown Hill & Rit	tor DA	C		CP			•
Street Address			ation/Labor Organization*	<u></u>	J-EO		Form (Cash, Check, etc.)
	Employe	n Occupe	MION DAGOT OF BUILDING				Check #2436
65 E. State St.	9.	ate	71.0-4.	T 14	D	Y	Amount
City	1 _		Zip Code	M			
Columbus	0	Н	43215	1 0	2 5		200.00
Full Name of Contributor	_			Registra	tion Num	iber, if PA	ic.
Worthington Republican Women, Ruth			The state of the s	<u> </u>			
Street Address	Employe	er/Occupa	ation/Labor Organization*				Form (Cash, Check, etc.)
8362 Storrow Dr.							Check #1001
City	I.	ate	Zip Code	M	D	ł l	Amount
Westerville	0	H	43081	1 0	2 7	0 5	300.00
Full Name of Contributor				Registra	tion Num	ber, if PA	.c
Stephen J. Smith				L			
Street Address	Employe	г/Оссира	ation/Labor Organization*				Form (Cash, Check, etc.)
250 West St.	Sch	otten	stein Zox & Dunn	Co LF	PA		Check #229017
City	+	ate	Zip Code	M	D	Y	Amount
Columbus	lo	Н	43215	110	2 7	0 5	250.00
Full Name of Contributor	. ~					ber, if PA	
Frederick T. Moses							
Street Address	Employe	r/Occure	ation/Labor Organization*	—			Form (Cash, Check, etc.)
	I mproye	ovope	mon reco. Athanicanian				Check #3206
19538 Carroll Rd.	- 64	nta .	Zip Code	М	D	Y	Amount
City Decal decides	1 _	ate 1-4	9		f	1 . 1	
Rockbridge	10	H	43149	1 0	3 1	0 5	100.00

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 1,750.00

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Page 3	

Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full						
Citizens for Judge Amy Salerno						
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
William J. Napier						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
2105 Fairfax Road						Check #741
City	State	Zip Code	М	D	Y	Amount
Columbus	O H	43221	111	0 4	0 5	200.00
Full Name of Contributor			Registra	tion Num		C C
K. Susan Corbin						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
4460 Hoover Road		<u>-</u>				Check #2665
City	State	Zip Code	М	D	V	Amount
Grove City	O H	43123	111	0 4	0 5	200.00
Full Name of Contributor	0 11	40120	1 1	tion Num		
			Kegistia	ujoti Ivuti	ioci, il er	
Joseph D. Finneran Street Address	[E1/O	matina/Labou Openization*				Form (Cash, Check, etc.)
	Employer/Cocu	pation/Labor Organization*				, , , , , , , , , , , , , , , , , , , ,
1650 Essex Road	A	Tay is 1	1 37	1 5	T	Check #6875
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43221	11		0 5	500.00
Full Name of Contributor			Registra	tion Num	ber, if PA	AC .
Ric Moore						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
3248 W. Henderson Rd.						Check # 1081
City	State	Zip Code	М	D	Y	Amount
Columbus	O H	43220	111	0 4	0 5	500.00
Full Name of Contributor			Registre	tion Num		.C
Sallynda Rothchild Dennison						
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
500 S. Front St., Suite 102						Check #3221
City	State	Zip Code	M	D	Y	Amount
Columbus	ОІН	43215	111	0 4	0 5	100.00
Full Name of Contributor		10210		tion Num		
Brad Hennebert					,	
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
7680 Morse Rd.	12.24.5, 5.0	P				Check #127
City	State	Zip Code	М	D	Y	Amount
	1	4 ⁻		1		
New Albany Full Name of Contributor	OH	43054		0 4		50.00
			Kegisira	non Num	ber, if PA	i.C
Franklin County Republican Part						n (0 1 0 1 1 1 1
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
14 E. Gay St. 2nd Floor					<u>,</u>	Check #0289
City	State	Zip Code	I M	D	Y	Amount
Columbus	OH	43215		3 1	0 5	10,000.00
Full Name of Contributor			Registra	tion Num	ber, if PA	C
CONTRIBUTIONS TRANSFERRI	ED FROM FOR	M NO. 31-E				
Street Address	Employer/Occu	pation/Labor Organization*				Form (Cash, Check, etc.)
İ						
City	State	Zip Code	M	D	Y	Amount
			111	0 3	0 5	1,945.00
<u> </u>				V V		2,, 20.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page	<u> </u>

Statement of Other Income

Prescribed by Secretary of State 2/01

	•	•							
Name of Committee in Full									
Citizens for Judge Amy Salerno									
Full Name	Registration Number, if PAC								
Transferred from 31-C Statement of Loans	Received								
Address	Type*		М	D	Y	Amount			
	1					25,000.00			
City	State	Zip Code	Form(Cash	h,Check	.etc)				
	i 1		ĺ						
Full Name			Registratio	n Num	ber, if P.	AC			
	•								
Address	Type*		М	D	Y	Amount			
	!								
City	State	Zip Code	Form(Cast	h.Check	etc)				
1	!	1	`	•					
Full Name	<u> </u>		Registratio	n Num	her if P	AC:			
			123,550						
Address	Type*		М	D	Y	Amount			
Audices	135		"	1	ì	Tunount			
City	State	Zip Code	Form(Cash	h Check	etc)				
City	State	Zip Code	1 Office asi	II,CHOCK	,cic)				
Full Name			Pagistratia	an Maren	hor if D	A.C.			
Lan Mane			Registration Number, if PAC						
A 13maga	Tuna*		- 1	F		IA			
Address	Type*		M	D	Y	Amount			
a:	5	(d' o 1							
City	State	Zip Code	Form(Cash	n,Cneck	,etc)				
					100	A 60			
Full Name			Registratio	n Num	ber, if Pa	AC			
						:			
Address	Type*		M	D	Y	Amount			
City	State	Zip Code	Form(Cash	h,Check	,etc)				
						· - · · · · · · · · · · · · · · · · · ·			
Full Name			Registration Number, if PAC						
Address	Type*		М	D	Y	Amount			
					لبـا				
City	State	Zip Code	Form(Cash	h,Check	,etc)				
	<u> </u>								
Full Name			Registratio	n Num	ber, if P	AC			
Address	Type*		М	D	Y	Amount			
City	State	Zip Code	Form(Cash	h,Check	,etc)				
		<u> </u>							
Full Name			Registratio	n Numi	ber, if P	AĊ			
Address	Type*		М	D	Y	А mount			
City	State	Zip Code	Form(Cash	n,Check	,etc)				

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 25.000.00

^{*} Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income carned by the committee,

Statement of Expenditures

Prescribed by Secretary of State 2/01

Name of Committee in Full Citizens for Judge Amy Salerno							
To Whom Paid				M	I D	Y	Amount
Stark & Associates				•	2 2	2	
Address	Purpose						
4448 Broadway	cam		n signs				
City	Sta	te	Zip Code	Check 1	Number		
Grove City		H	43123		131		
To Whom Paid				M	D	Y	Amount
Capital Creative				$1 \mid 0$	2 5	0 5	1,075.00
Address	Purpose	_					
711 Oak Street			n literature				
City	Sta		Zip Code	Check 1	Number		
Columbus		H	43206	1	133		
To Whom Paid				M	D	Y	Amount
Midwest Communications Address	To			1 0	3 1	0 5	20,000.00
	Purpose		amai a la				
49 S. Grant Avenue			ercials	Ct 13	1		
Columbus	Star	te H	Zip Code 43215	Cneck	Number		
To Whom Paid	\mathbf{LO}	П	43213	M	135 I D		Amount
Midwest Communications		м 1 1	f .				
Address	Purpose			I I I	IU L	1013	40,000.00
49 S. Grant Avenue	•	ייייייי	ercials				
City	Sta		Zip Code	Check 1	Number		
Columbus		H	43215		136		
To Whom Paid			10210	M	T D	Y	Amount ·
Midwest Communications				1 1			
Address	Purpose		· · · · · · · · · · · · · · · · · · ·	<u>=</u>	1 W J T	<u>, , , , , , , , , , , , , , , , , , , </u>	
49 S. Grant Avenue	tv co	mm	ercials				
City	Sta	te	Zip Code	Check l	Number	****	
Columbus		H	43215	<u></u> .	137		
To Whom Paid				M	D	Y	Amount
Midwest Communications				1 1	0 8	0 5	5,000.00
Address	Purpose						
49 S. Grant Avenue			ercials				
City	Sta		Zip Code	Check 1	Number		
Columbus		Н	43215	<u> </u>	138		
To Whom Paid				M	D	Y	Amount
Address	Purpose					1	
City	Stat	te	Zip Code	Check l	Vumber		
To Whom Paid	<u> </u>			M	D	ΤΥ	Amount
					Ĭ		
Address	Purpose						
Cit.	0	1	7:- 0-1-	Ob 1 3	.7L		
City	Stat	ie	Zip Code	Cneck f	Number		

Page Total \$ 62.922.20

3	1-	\mathbf{C}		
R.	C.	351	7.	10

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Statement of Loans Received

Prescribed by Secretary of State3/05

Full Name of Committee																	
Citizens for Judge A	my Sal	erno									In.	A					
From Whom Received											Prio	r Am	iount			Amt. Incurred this Period 25,000.0	
Amelia A. Salerno Address																Outstanding Balance	
295 W. 4th Avenue																Outstanding Dataneo	
City	State	Zip Code			Loa	ns Re	ceive	ed Thi	s Per	od	Г				Paym	ents This Period	
Columbus	OH	[43201]	-			Dat	te			Amount			D	ate		Amount	
Date Loan was originally	M	D	Y	М		D		Y	_ \$	4=000	M		D	-	Y	\$	
Incurred	1 1	0 2	0 5	1	1		2	_	5	17000			<u> </u>		<u></u>		
Registration Number, if PAC				4	1	$\begin{vmatrix} \mathbf{D} \\ \mathbf{O} \end{vmatrix}$	3	0 	5	8000	M		D		Y		
Employer/Occupation/Labor Organization	n*			M	<u>, i</u>	D	2	Y	4	8000	M		D	+	Y		
									ŀ								
From Whom Received	• .			-							Prio	r Am	ount	24		Amt. Incurred this Period	
Joe Armeni (husband	1)										L		27,	864	.00	O	
Address 295 W. 4th Avenue																Outstanding Balance 27,864.0	
City	State	Zip Code			Loa	ns Re	ceive	ed Thi	s Peri	iod	Г				Payn	ents This Period	
Columbus	OH	43201	•	i		Dat				Amount	l		D	ate		Amount	
Date Loan was originally	М	D	Y	М		D		Y	\$		M		D		Y	\$	
Incurred							_				L						
Registration Number, if PAC				М		D		Y			M		D		Y 		
Employer/Occupation/Labor Organization	n*			M		D		Y			М		D		Y		
From Whom Received											Prio	r Am	nount			Amt. Incurred this Period	
											1						
Address																Outstanding Balance	
City	State	Zip Code	·		Loa	ns Re		ed Th	s Per	iod Amount	Г		r	ate	Paym	ients This Period Amount	
Date Loan was originally	М	D	Y	М		D	1	Y	\$	Amount	M		I D		Y	s	
Incurred			1				ł	İ							1		
Registration Number, if PAC	····			М		D		Y	1		М		D		Y		
Employer/Occupation/Labor Organizatio	n*			M		D	-	Y	+		М		D	+	Y		
Employor occupation Emper Organization	••						1	١			1 "				Ì		
* Required for contributions over \$100 to if any, rather than employer should be lis the employees are members, if any, must	sted. If two	ormore emp	oloyees de														
If a loan is forgiven, write "Forgiven" in t Transfer total of all payments made in th																	
1 Total prior amount \$		27,86	4.00	-													
2 Total received this period \$			25,0	00.0	00	(To I	Form	1 No. 3	31-A-2	9							
3 Total Payments this Period \$				0.0	00	(also	гесс	ord on	Form	31-B)							
4 Total Outstanding Balance \$			52,8	<u>64.0</u>	00	(To I	Form	1 No. 3	80-A)								

3	1-	E				
R.	C.	35	17	.10	X	B١

Event Date	11/03/2008
Page	i

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens for Judge Amy Salerno Registration Number, if PAC Full Name of Contributor Charles D. Hill, Ir. Street Address Employer/Occupation/Labor Organization* Amount 1 1 0 2 250.00 800 Aldengate Dr. Zip Code Form(Cash,Check,etc) 43119 Check # 1721 Galloway Registration Number, if PAC Full Name of Contributor David M. Kennedy Employer/Occupation/Labor Organization* 0 3 0 5 35.00 188 E. 1st Ave. Zip Code Form(Cash,Check,etc) Check #1064 43201 Columbus H Registration Number, if PAC Full Name of Contributor Cvndie D. Hill Employer/Occupation/Labor Organization* Street Address 1 1 0 3 0 5 250.00 6620 Ballantrae Place State Zip Code Form(Cash,Check,etc) 43016 Check # 2839 + H Columbus Registration Number, if PAC Full Name of Contributor Ianie D. Roberts Employer/Occupation/Labor Organization* Amount 1 1 0 3 0 5 70.00 982 N. 6th Street Form(Cash,Check,etc) City Zip Code 43201 Check #4491 Columbus Registration Number, if PAC Full Name of Contributor Tetsuzi Kondo Employer/Occupation/Labor Organization* D Amount Street Address 1 1 0 3 0 5 100.00 866 Wedgewood Dr. Form(Cash,Check,etc) State Zip Code 43040 Check # 10354 Marvsville Registration Number, if PAC Full Name of Contributor Daniel D. Carr Employer/Occupation/Labor Organization* D Amount Y 1 1 0 3 0 5 300.00 181 Ashbourne Rd. Zip Code H 43209 Check # 3657 Bexlev Registration Number, if PAC Full Name of Contributor C. R. Keelev Employer/Occupation/Labor Organization* Amount 0 3 0 5 35.00 1537 Sandringham Form(Cash,Check,etc) H Check # 1544 Columbus 43220

Fill in the boxes below only on the last page for this event.

Tot:tions this event	Total expenditures this event	
		Page Total \$1.040.00_
	<u> </u>	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Event Date	11/03/200!
Page	<u> </u>

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full Citizens for Judge Amy Salerno Full Name of Contributor Registration Number, if PAC Blaise Baker Employer/Occupation/Labor Organization* Street Address Amount 100.00 1 1 0 3 0 | 5 600 S. High St. State Zip Code Form(Cash,Check,etc) Columbus 43215 Check # 3334 Registration Number, if PAC Full Name of Contributor Gregory N. Finnerty Employer/Occupation/Labor Organization* 1 1 0 3 0 5 50.00 21 W. Broad St., Suite 500 City Zip Code Form(Cash,Check,etc) 43215 Check #1053 H Columbus Registration Number, if PAC Full Name of Contributor Gregory N. Finnerty Employer/Occupation/Labor Organization* D Street Address 1 1 0 8 0 5 50.00 21 W. Broad St., Suite 500 **Greg Finnerty Solutions** Form(Cash,Check,etc) Check # 1040 43215 Columbus Registration Number, if PAC Full Name of Contributor Charles William McGowan Employer/Occupation/Labor Organization* Amount 1 1 0 3 0 5 250.00 601 S. High St. Zip Code Form(Cash,Check,etc) City State 43215 Check # 1860 Columbus Registration Number, if PAC Full Name of Contributor Jeremy Dodgion Employer/Occupation/Labor Organization* Amount Street Address 1 1 0 3 0 5 35.00 1188 S. High St. Form(Cash,Check,etc) Zip Code City 43206 Check #3243 H Columbus Full Name of Contributor Registration Number, if PAC Robert F. Krapenc Employer/Occupation/Labor Organization* Ď Amount Street Address 601 S. High St., 1st Floor 1 1 0 3 0 5 300.00 Zip Code Form(Cash,Check,etc) 43215 Check # 1089 Columbus Full Name of Contributor Registration Number, if PAC Andrew Herf Street Address Employer/Occupation/Labor Organization* Ÿ Amount 0 3 0 5 100.00 2706 Tremont Rd. Form(Cash,Check,etc) City Zip Code 43221 Cash Columbus H

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	+
		Page Total \$ 885 00
1		
	!	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	11/03/2005
Page	3

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05

Name of Committee in Full Citizens for Judge Amy Salerno Registration Number, if PAC Full Name of Contributor John A. Stoff Employer/Occupation/Labor Organization* Amount Street Address 20.00 38 E, Beechwold Blvd. 1 1 0 3 0 | 5 State Zip Code Form(Cash, Check, etc) 43214 Cash Columbus \perp H Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Amount State Zip Code Form(Cash, Check, etc) City Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization* Street Address City Form(Cash,Check,etc) Zip Code Registration Number, if PAC Full Name of Contributor Employer/Occupation/Labor Organization* Street Address Form(Cash,Check,etc) City State Zip Code Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* D Amount Form(Cash, Check, etc) City State Zip Code Full Name of Contributor Registration Number, if PAC Employer/Occupation/Labor Organization* Amount Street Address State Zip Code Form(Cash, Check, etc) Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* State Zip Code Form(Cash,Check,etc) City

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event		
		Page Total \$	20.00
1 1945,00 1		_	

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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In-Kind Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full								
Citizens for Judge Amy Salerno								
Full Name of Contributor	Employer Occupation	Labor Organization *	Registra	tion Nun	ther if P	AC:		
H.M.O'Neill	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Street Address	Description of Item or Service		М	D	Ϋ́	Fair Market Value		
330 W. Spring St., Suite 200	Food & Beverages		1			1	250.00	
	State Zip Code		1 0 1 1 0 5 250.00 Received at Fundraising Event?					
City Columbus	O H 22p Code 43215		YES NO					
Full Name of Contributor	Employer, Occupation, Labor Organization *		Registration Number, if PAC					
Kevin Bacon								
Street Address	Description of Item or Service		М	D	Y	Fair Market Value		
5325 Ponderosa Dr.	photocopying		111	0 2	0 5	:1	64.09	
City	State Zip Code			Received at Fundraising Event?				
Columbus	O H	43231		YES		У ио		
Full Name of Contributor			Registra		ther if P			
Tan Name of Commount	Employer, Occupation,	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or 5	Description of Item or Service		D	Y	Fair Market Value		
					\perp	1		
City	State Zip C	Code	Receive	d at Fund YES	lraising E	Event?		
Full Name of Contributor	Englacian Occupation	Labor Organization *	Davigtes		har if D			
run Name of Contributor	Employer, Occupation,	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or Service		M	D	Y	Fair Market Value		
	1 '	Separations of Figure 6.				1		
City	State Zip C	Code	Receive	d at Fund	raising E	vent?		
				YES		□no		
Full Name of Contributor	Employer, Occupation,	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
Street Address	Description of Item or S	Description of Item or Service		D	Y	Fair Market Value		
	1			1				
City	State Zip C	2ode	Receive	d at Fund	raising E	ivent?	······································	
				YES		NO		
Full Name of Contributor	Employer, Occupation,	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
		•						
Street Address	Description of Item or S	Description of Item or Service		D	Y	Fair Market Value		
			1	1 1	1			
City	State Zip C	Code	Receive	d at Fund	raising F	Event?		
				YES		□no		
Full Name of Contributor	Employer Occupation	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
WILLIAM OF COMMISSION	Employer, secupation,	Davor Organization	1.03.5		,			
Street Address	Description of Item or S	enice	м	D	Y	Fair Market Value		
Street Address	Description of item or service		I M	1 1	1 1	Tan Market Value		
City	State 7in C	\ada	Dagairea	d at Fund	laciaine E	I transfo		
City	State Zip Code		Received at Fundraising Event?					
Full Name of Contributor	Employer, Occupation.	Employer, Occupation, Labor Organization *		Registration Number, if PAC				
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ompleyer, Seeupation, Salor Organization						
Street Address	Description of Item or S	Description of Item or Service		D	Y	Fair Market Value		
City	State Zip C	Code	Received	d at Fund	raising I			
				YES		NO		

Page Total \$	314.09

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]